

**ESTIMATE OF ACCOUNTABLE REIMBURSEMENT EXPENSES**

**NAME** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **POSITION** \_\_\_\_\_

(Please list only ministry related expenses)

- 1. Car Miles \_\_\_\_\_ @ \_\_\_\_\_ cents \$ \_\_\_\_\_
- 2. Parking Fees and Tolls \$ \_\_\_\_\_
- 3. Meals and Entertainment \$ \_\_\_\_\_
- 4. Dues and Publications \$ \_\_\_\_\_
- 5. Office Expense \$ \_\_\_\_\_
- 6. Telephone Calls \$ \_\_\_\_\_
- 7. Business Gifts \$ \_\_\_\_\_
- 8. Depreciation on Equipment \$ \_\_\_\_\_
- 9. Conventions and Seminars \$ \_\_\_\_\_
- 10. Insurance on Professional Items \$ \_\_\_\_\_
- 11. Travel – Airline, Motels, Etc. \$ \_\_\_\_\_
- 12. Repairs to Equipment \$ \_\_\_\_\_
- 13. Audio and Video Cassettes \$ \_\_\_\_\_
- 14. Advertising – calling cards, ads, etc. \$ \_\_\_\_\_
- 15. Interest on Business Debts \$ \_\_\_\_\_
- 16. Other \_\_\_\_\_ \$ \_\_\_\_\_

**Estimated Total Yearly Business Expenses** \$ \_\_\_\_\_

**Allowance Amount per Month (1/12 of yearly total)** \$ \_\_\_\_\_

I understand that all expenses, when submitted, must be substantiated as to the date, amount, and purpose within 60 days after they are incurred and that any excess reimbursement must be refunded to the church within 120 days after expenses are paid or incurred.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Adopted by the Board on _____
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